

Case Number:	CM13-0052683		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2009
Decision Date:	05/19/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43-year-old female who was injured in a work related accident on 08/24/09. Clinical records provided for review include a recent follow up examination on 08/21/13 noting continued complaints of right elbow pain and low back complaints. Examination of the elbow showed a positive Tinel's sign, full and unrestricted range of motion and no other acute findings. Diagnosis was right elbow cubital tunnel syndrome and medial epicondylitis. Further documentation in the clinical records indicated a 09/18/13 progress report showing full range of motion of the elbow with a positive Tinel's and elbow flexion test. Conservative recent care for the diagnosis of medial epicondylitis included topical creams and work restrictions. There is no documentation of prior injection therapy or other measures noted. The recommendation was made for a medial epicondylectomy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

A RIGHT MEDIAL EPICONDYLAR RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 36.

Decision rationale: The Expert Reviewer's decision rationale: Based on California ACOEM Elbow 2007 Guidelines, medial epicondylar release is only recommended when three to four different types of conservative measures, including injection therapy have been noted to have failed to improve the claimant's symptoms. The records provided for review do not indicate that the claimant has received a full six months of conservative treatment that would have included multiple types of conservative modalities. Therefore, the request for right medial epicondylar release is not recommended as medically necessary.